

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002789

Entity Name: SINAI PERINATAL, LLC

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

3920 N.E. 22ND AVE
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

4101 NW 4TH STREET
SUITE 309
PLANTATION, FL 33317

Current Mailing Address:

3920 N.E. 22ND AVE
FT. LAUDERDALE, FL 33308

New Mailing Address:

4101 NW 4TH STREET
SUITE 309
PLANTATION, FL 33317

FEI Number: 20-4065895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABROMOVICI, DOREL
3920 N.E. 22ND AVE
FT. LAUDERDAL, FL 33308 US

Name and Address of New Registered Agent:

ABROMOVICI, DOREL
3920 NE 22ND AVENUE
FORT LAUDERDALE, FL 33308 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ABRAMOVICI, DOREL
Address: 3920 N.E. 22ND AVE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGR () Delete
Name: ABRAMOVICI, NEOMI
Address: 3920 N.E. 22ND AVE
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ABRAMOVICI, DOREL
Address: 4101 NW 4TH STREET, SUITE 309
City-St-Zip: PLANTATION, FL 33317

Title: MGR (X) Change () Addition
Name: ABRAMOVICI, NEOMI
Address: 4101 NW 4TH STREET, SUITE 309
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOREL ABRAMOVICI, M.D.

MGR

01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date